

**MICHIGAN STATE**  
**U N I V E R S I T Y**

**Testimony of**

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**Senate Health Policy Committee**

**March 10, 2015**



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Senator Shirkey, Members of the Senate Health Policy Committee.

Thank you for this opportunity to express my support for SB 68. I am Dr. Dean Sienko, the Associate Dean for Prevention and Public Health at the College of Human Medicine at Michigan State University. I have held a medical license in Michigan since 1984. Prior to working at Michigan State, I was the Medical Director for the Ingham County Health Department for nearly 23 years. In that role, I had a collaborative relationship with nurse practitioners who carried out the lion's share of primary care for our department's primary care clinics; these clinics eventually transitioned into a Federally Qualified Health Center. I have also served twice, for more than three years cumulatively, as the Interim Chief Medical Executive for the Michigan Department of Community Health. Moreover, I recently retired from the Army Reserve, as a Major General, after 33 years of service.

My professional career that is most germane to SB 68 would be my work at the Ingham County Health Department. For most of that time, Ingham County, like most communities in America, had a substantial minority of people, on the order of 15%, who were uninsured and a larger percentage who were underinsured or otherwise lacked access to care. In large measure, we accepted patients at our practice sites because others in the community would not take them.

Our business model and ability to accomplish our mission would not have worked without employing nurse practitioners. As their collaborating physician, my role was to work with them when care exceeded their perceived scope of practice or when they required a physician to co-sign certain prescriptions such as for controlled substances or orders for physical therapy.

The nurse practitioners with whom I worked provided excellent care. They never overstepped their professional boundaries and always discussed cases with me when appropriate. It is thus not surprising that the Institute of Medicine recommended removing barriers to the practice of Advanced Practice Registered Nurses and that these nurses be allowed to practice to the full extent of their education and training.

At our geographically scattered practice sites, the Ingham County Health Department nurse practitioners functioned largely autonomously. They took patient histories, performed physical exams, made diagnoses, and provided treatment. Often times my name would be included on lab tests, filled prescriptions and billing statements. It was odd because I had no first-hand knowledge of these patients' medical concerns or care. I remember going to Meijer pharmacy years ago for personal reasons and the clerk said: "Oh you're Dr. Sienko, we see your name all the time." It was unnecessary and confusing to have my name associated with patients who were being competently cared for by another professional provider. As another example, just last week a family physician friend of mine told me he had to co-sign an order so that a nurse practitioner's patient could receive a supply of Depends.

Moreover, the current system exposed me to unnecessary medical liabilities. I was sued a few years ago by a patient who was seen by one of our nurse practitioners largely because my name was on the patient's chart. I had no previous knowledge that the patient even existed. The suit was dismissed but

it was an unnecessarily painful ordeal that consumed much of my time in addition to county resources and legal expenses.

In conclusion, a lot of patient needs that are attended to in a primary care office can be performed by Advance Practice Registered Nurses. Michigan should join many other states in defining their scope of practice. The Army uses family nurse practitioners and physician assistants as primary care providers extensively. As a two-star general, who just completed a 20 month tour of duty at Aberdeen Proving Ground, MD, my primary care provider was a physician assistant. It could just as easily have been a nurse practitioner. It works for the Army, it works in many other states, and it worked in Ingham County—it is time to define a scope of practice for advanced practice nurses through passage of SB 68. Thank you.